MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0441

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 405 South Market Street

3. NAME OF DECEASED (Type or Print): (First) BARBARA (Middle) ANN (Last) ABRECHT
~~INFANT~~ ~~DAUGHTER~~

4. DATE OF DEATH: (Month) January (Day) 27th (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: January 24, 1949
9. AGE last birthday: yrs. — If under 1 year: Months. Days: 3 — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank M. Abrecht
14. MOTHER'S MAIDEN NAME: Mary G. Hough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Frank M. Abrecht

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Exhaustion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Premature Birth (6 months)

(c):

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24, 1949, to 1-27, 1949, that I last saw the deceased alive on 1-27, 1949, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Howard W. Ash, M.D. Frederick, Md 1-28-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Jan. 29, 1949
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 29 Jan 1949
REGISTRAR'S SIGNATURE: Elizabeth J. Heck.
24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son, Frederick, Maryland

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 0442

002 / 13b

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) Since 4/14/48 to present	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium	STREET ADDRESS (If rural give location) 7 N. High Street

3. NAME OF DECEASED (Type or Print) (First) Tom (Middle) (Last) Art			4. DATE OF DEATH (Month) January (Day) 22, (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Aug. 16, 1918	9. AGE last birthday 30 yrs.	If under 1 year Months 5 Days 7 / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) China		12. CITIZEN OF WHAT COUNTRY? 16 Yrs. U.S.
13. FATHER'S NAME Wah Tom			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 212-26-8119		17. INFORMANT Patient		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	14 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1948, to Jan. 22, 1949, that I last saw the deceased alive on Jan. 22, 1949, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. W. Ballin	R. W. Ballin M.D.	State Sanatorium, Maryland	Jan. 25, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 26, 1949	Lorraine Park Cem.	Baltimore Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	[signature]	M. L. Creager & Son, Thurmont, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 27 1949
BUREAU V. S.

0443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (in this place) 15 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hamilton & Patrick St.	STREET ADDRESS (If rural give location) 14 Hamilton Ave. Frederick, Md.

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) EARL	(Last) BAGENT	4. DATE OF DEATH	(Month) 1	(Day) 6	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-31-33	9. AGE last birthday 15 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy	10b. KIND OF BUSINESS OR INDUSTRY SchoolBoy	11. BIRTHPLACE (State or foreign country) Frederick, Maryland	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME EARL BAGENT		14. MOTHER'S MAIDEN NAME Hazel Whitmore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Earl J. W. Bagent	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Evisceration, fracture of spine + rt. arm	Immediate
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hit by truck riding scooter	Immediate
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street	(CITY OR TOWN) Frederick	(COUNTY) Frederick,	(STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 1 - 6 - 49 3:45 p.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Auto Accident (Scooter)		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased ~~alive~~ dead on 1-6-, 1949, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. W. Baer	Deputy Med Examiner	Frederick, Md	1.6.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1-9-49	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. Jan 8-1949	REGISTRAR'S SIGNATURE Elizabeth G. Hack	24. FUNERAL DIRECTOR M. R. Etchison & Son	ADDRESS Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; MARYLAND; LENGTH OF STAY (in this place) 2 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mrs. Maude	A.	Baker	Jan.	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	8/20-1876	72 yrs.	4	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home		Frederick Co Md	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Williams E Hyatt	Dona Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	Maurice W. Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Haemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c) Arteriosclerotic Heart Disease	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 24, 1948, to Jan. 8, 1949, that I last saw the deceased alive on Jan. 8, 1949, and that death occurred at 9:25 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. A. Geyer, M.D.		Frederick Md	1/8/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 10 1949	Mount Olivet Cem	Frederick	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10 Jan 1949	Elizabeth S. Tech.	W. E. Falconer	New Market Md

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JAN 11 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since October 7, 1947

Hospital, Institution, or street address where death occurred:
State Sanatorium

How long in hospital or institution? Since October 7, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 227 Scott
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: George Edward Bangs

3.(b) Social Security Number: 218-07-5689

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Ethel Bangs

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 4, 1908

8. AGE: Years	Months	Days	If less than one day
40	4	8	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Electrician

11. Industry or business:

FATHER
12. Name: William Bangs
13. Birthplace: Wilmington, Deleware

MOTHER
14. Maiden name: Elizabeth Wess
15. Birthplace: Unknown

16. Informant: Patient
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 2, 1949 (month) (day) (year)

Cemetery or crematory: M. P. Creager & Son

Location: Thurmont, Md.

18. Funeral director: Monterue Cemetery

Address: Nr. Frederick, Md.

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 12, 1949 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 7, 1947 to January 12, 1949 and that I last saw him alive on January 12, 1949

Immediate cause of death	DURATION
Pulmonary Tuberculosis	40 Mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: R. W. Ballin, M. D. or other

Address: State Sanatorium, Md. Date signed:

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JAN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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0446

CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HARRIETT (Middle) D. (Last) BOBLITZ

4. DATE OF DEATH: (Month) Jan. (Day) 20, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/12-1873

9. AGE last birthday: 75 yrs. If under 1 year: Months. 4 Days 8 Hours Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Thurmont, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ephriam L. Boblitz

14. MOTHER'S MAIDEN NAME: Emma J. Pennell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Nellie Boblitz, Thurmont, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 18, 1949, to Jan. 20, 1949, that I last saw the deceased alive on Jan. 18, 1949, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE M. Franklin Dick (Degree or title) MD ADDRESS Thurmont Md. DATE SIGNED Jan. 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE 1/22/49
NAME OF CEMETERY OR CREMATORY: United Brethern
LOCATION (City, town, or county) (State): Thurmont, Md. Fred. Co.

DATE REC'D BY LOCAL REG. Jan. 24, 1949
REGISTRAR'S SIGNATURE Blanche L. Eyler

24. FUNERAL DIRECTOR ADDRESS: M. L. Creager & Son, Thurmont, Md.

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JAN 26 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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0447

CERTIFICATE OF DEATH

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Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - R.F.D.#2; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS New Design Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Frederick-R.F.D.#2; STREET ADDRESS (If rural give location) New Design Road

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) JAMES (Last) CHANEY

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 19 49

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH: 2-5-96

9. AGE last birthday: 52 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farm Laborer

11. BIRTHPLACE (State or foreign country): Frederick County Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis Chaney

14. MOTHER'S MAIDEN NAME: Elizabeth Churchner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: George L. Chaney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Epilepsy

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ----------; 19---; to ----------; 19---; that I last saw the deceased alive on Jan. 13 19 49 and that death occurred at 4:45P m., from the causes and on the date stated above.

SIGNATURE P. W. Bair (Degree or title) Deputy Medical Examiner - Frederick, Md. ADDRESS DATE SIGNED 1-14-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 1-17-49; NAME OF CEMETERY OR CREMATORY Prospect Cemetery; LOCATION (City, town, or county) (State) Nr. Mt. Airy, Md.

DATE REC'D BY LOCAL REG. 15 Jan 1949; REGISTRAR'S SIGNATURE Elizabeth Y Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Md.

RECEIVED
JAN 18 1949
BUREAU V. S.

0448

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

002 / 13b

Reg. Dist. No. 139

1. PLACE OF DEATH· COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Alleghany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Since 1/4/45 to present — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corrigansville
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Dorsey	(Middle) V.	(Last) Clinedinst	4. DATE OF DEATH (Month) January	(Day) 29	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated	8. DATE OF BIRTH Dec. 6, 1892	9. AGE last birthday 56 yrs.	If under 1 year Months 1 Days 24 / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Turner Clinedinst		14. MOTHER'S MAIDEN NAME Virginia Patton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Patient			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	50 mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Uro-genital Tuberculosis	2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1945, to Jan. 29, 1949, that I last saw the deceased alive on Jan. 29, 1949, and that death occurred at 12:20 Am., from the causes and on the date stated above.

SIGNATURE R. W. Ballin (Degree or title) ADDRESS DATE SIGNED

R. W. Ballin, M.D. State Sanatorium, Maryland Jan. 29, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 31, 1949	NAME OF CEMETERY OR CREMATORY Porter Cemetery	LOCATION (City, town, or county) (State) Near Hyndman, Pa.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR William H Kight, Cumberland Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 93d

0449

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville — LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillie	May	Chifley	Jan	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Dec 18 1871	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Jonathan Bowers
14. MOTHER'S MAIDEN NAME: Julian Ambrose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr Harry Chifley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive myocardial failure, Chronic	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	10 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Abdominal mass etiology undetermined	1 year

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June, 1948, to 17 Jan., 1949, that I last saw the deceased alive on 17 Jan., 1949, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James E. Stoner Jr. MD — Walkersville Md — 18 Jan 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 20 1949	Mt Hope	Woodsboro

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
19 Jan 1949	Elizabeth G. Heck	G C Barton	Walkersville Md

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 21 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0450

001

13a

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH
COUNTY: Frederick
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place): Since 10/21/47 to present
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East
STREET ADDRESS (If rural give location): Main Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Phineas (Last) Craig

4. DATE OF DEATH: (Month) January (Day) 26 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 21, 1889

9. AGE last birthday: 59 yrs. If under 1 year: Months 10 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Firebrick Plant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Craig

14. MOTHER'S MAIDEN NAME: Elizabeth A. Sentman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-01-7433

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	49 mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Silicosis — 5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 1947, to Jan. 26, 1949, that I last saw the deceased alive on Jan. 26, 1949, and that death occurred at 12:05A m., from the causes and on the date stated above.

SIGNATURE R. W. Ballin (Degree or title) M.D. ADDRESS State Sanatorium, Maryland DATE SIGNED Jan. 26, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Jan 30, 1949 | NAME OF CEMETERY OR CREMATORY: St Marys Cem. | LOCATION (City, town, or county) (State): North East, Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Joseph E. Grant, North East, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0 97 0451

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): Over 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 118 West Patrick Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 118 West Patrick Street

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) J. (Last) CRIST

4. DATE OF DEATH: (Month) January (Day) 15th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: September 4, 1856

9. AGE last birthday: 92 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jeremiah Horner

14. MOTHER'S MAIDEN NAME: Mary Hightman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Charles H. Shultz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1928, to Jan 14, 1949, that I last saw the deceased alive on Jan 14, 1949, and that death occurred at 1 [illegible] m. from the causes and on the date stated above.

SIGNATURE AND (Degree or title): W. H. Cline M.D.

ADDRESS: Frederick Md

DATE SIGNED: Jan 17 49

23. BURIAL, ~~CREMATION~~ REMOVAL, (Specify): Burial

DATE: January 17, 1949

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick Maryland

DATE REC'D BY LOCAL REG.: 17 Jan 1949

REGISTRAR'S SIGNATURE: Elizabeth J. Heck.

24. FUNERAL DIRECTOR AND ADDRESS: C. E. Cline & Son, Frederick, Maryland

VS. A15

RECEIVED
JAN 18 1949
BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 4200 932 0452

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural #5
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Braddock

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural #5
STREET ADDRESS (If rural give location) Braddock

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROSIE		CROCETTI	1	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	W	9-26-88	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Italy	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Antonia Balan	Agnes Tiamo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	None	Ralph J. Little

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic heart disease	years
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/17, 1949, to 1/17, 1949, that I last saw the deceased alive on 1/17, 1949, and that death occurred at 5:15P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James B. Thomas,	M. D.	Frederick, Maryland	1-18-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-20-49	Frederick Memorial Park	Frederick, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
19 Jan 1949	Elizabeth G. Hack.	M. R. Etchison & Son,	Frederick, Md.

RECEIVED
JAN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0453

443

932

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (In this place) 7 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital
STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural R.F.D.#1
STREET ADDRESS (If rural give location) Near Frederick

3. NAME OF DECEASED (Type or Print) (First) HATTIE (Middle) DINTERMAN (Last) CRUM

4. DATE OF DEATH (Month) 1 (Day) 30 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH 2-19-89

9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Frederick County Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lincoln G. Dinterman

14. MOTHER'S MAIDEN NAME Lettie Seachrist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Roy L. Crum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Renal (c)

INTERVAL BETWEEN ONSET AND DEATH 4-6 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 19 49, to Jan 23, 19 49, that I last saw the deceased alive on Jan 23, 19 49, and that death occurred at 6:05A m., from the causes and on the date stated above.

SIGNATURE Howard W. Culp (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 1-31-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2-1-49 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REG. 1 Feb 1949 REGISTRAR'S SIGNATURE Elizabeth S. Feik

24. FUNERAL DIRECTOR M. R. Etchison & Son, ADDRESS Frederick, Md.

RECEIVED
FEB 1 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

175
49a

0454

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buckeystown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GRACE	ANNA	CUTSAIL	1	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	M	10-26-87	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Frederick County Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Baker

14. MOTHER'S MAIDEN NAME Emma Mossburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT James Arthur Cutsail

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Peritonitis & secondary hemorrhage	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Papillary Cyst-adeno-Carcinoma of Ovaries & Peritonitis	year + ?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan. 24-1949

19b. MAJOR FINDINGS OF OPERATION Adeno-Carcinoma of ovaries & implantation & ascites

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20-49, to 1-28-49, that I last saw the deceased alive on 1-28-49, and that death occurred at 11:45P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank D. Worthington	M. D.	Frederick, Maryland	1-31-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-31-49	Mt. Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 31-1949	Elizabeth G. Herb	M. R. Etchison & Son,	Frederick, Md.

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

421.4
92d

0455

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Greenfield
LENGTH OF STAY (in this place) 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Greenfield
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) J. (Last) DAVIS

4. DATE OF DEATH (Month) January (Day) 15th (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12-21-63

9. AGE last birthday 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alfred W. Davis

14. MOTHER'S MAIDEN NAME Leah Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. John J. Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Valvular Disease	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Bronchitis,	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12-, 1949, to 1-15-, 1949, that I last saw the deceased alive on 1-12-, 1949, and that death occurred at 1:30a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. W. J. Bourne, Dr. ADDRESS DATE SIGNED

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial | DATE January 18, 1949 | NAME OF CEMETERY OR CREMATORY Monocacy Cemetery | LOCATION (City, town, or county) Beallsville (State) Maryland

DATE REC'D BY LOCAL REG. 18 Jan 1949 | REGISTRAR'S SIGNATURE Elizabeth L. Heck. | 24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick - Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF BIRTH DATE IS ON: FILM # G119-3-3-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 94a

0456

CERTIFICATE OF DEATH

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; LENGTH OF STAY (In this place) MARYLAND 72 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS I6 West C

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; STREET ADDRESS (If rural give location) I6 West C

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Walper (Last) Dean

4. DATE OF DEATH: (Month) Jan. (Day) I2 (Year) I949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: I2-23-I879 (1876)

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Stores

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W.T.Dean

14. MOTHER'S MAIDEN NAME: Haryett House

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 2I3-I8-9954

17. INFORMANT: Mrs.Gladys Conner Dean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby ~~certify that I~~ attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased ~~alive~~ dead on 1-12, 1949, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: P.W. Ball (Degree or title) Deputy Sheriff ADDRESS: Ex Frederick Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: I-I5-I949 | NAME OF CEMETERY OR CREMATORY: Park Heights | LOCATION (City, town, or county) (State): Brunswick, Maryland.

DATE REC'D BY LOCAL REG. Jan 12-49 | REGISTRAR'S SIGNATURE: Kathryn H. Brown | 24. FUNERAL DIRECTOR ADDRESS: C.H.Feete and Bro. Brunswick, Md.

RECEIVED
JAN 18 1949
BUREAU V. S.

0457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

421.4
924

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): About 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 120 East Fifth Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 120 East Fifth Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FLORENCE	B.	DIGGS	January	5th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	April 17, 1880	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dressmaker		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Washington	Helen Awkard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. Emma Butler McMillan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Valvular disease — None

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to 1-5, 1948, that I last saw the deceased alive on 1-5, 1948, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr. W. G. Bourne. Frederick, Maryland

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	January 8, 1949	Fairview Cemetery	Frederick	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-Jan 1949	Elizabeth G. Hoch	C.E.Cline & Son,	Frederick, Maryland

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331 83a 0458

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 120 East Fifth Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ROBERT (Last) DIGGS

4. DATE OF DEATH: (Month) January (Day) 6th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: April 1, 1865

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Diggs

14. MOTHER'S MAIDEN NAME: Susan Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Emma Butler McMillan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1949, to Jan 6, 1949, that I last saw the deceased alive on 6 Jan., 1949, and that death occurred at 6:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. E. Cline Frederick Md 1/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: January 8, 1949 | NAME OF CEMETERY OR CREMATORY: Fairview Cemetery | LOCATION (City, town, or county): Frederick (State): Md.

DATE REC'D BY LOCAL REG. 6 Jan 1949 | REGISTRAR'S SIGNATURE: Elizabeth S. Hecht

24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son, Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1

932

0459

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro
MARYLAND
LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) Louise (Last) Douglas

4. DATE OF DEATH (Month) Jan. (Day) 14 (Year) 1949

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH June 21. 1876

9. AGE last birthday 92-6-23 (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Littlestown Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Steba

14. MOTHER'S MAIDEN NAME Ann Elizabeth Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Paul H. Douglas Woodsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio Vascular Renal disease	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1938, to Jan ....., 1949, that I last saw the deceased alive on Jan ....., 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE Edward E. Eastman (Degree or title) ADDRESS DATE SIGNED Jan 17, 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Jan. 17, 1949 | NAME OF CEMETERY OR CREMATORY Mt. Hope | LOCATION (City, town, or county) (State) Woodsboro, Md.

DATE REC'D BY LOCAL REG. Jan 17, 1949 | REGISTRAR'S SIGNATURE L. C. Powell | 24. FUNERAL DIRECTOR Powell & Hartzler | ADDRESS Woodsboro, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 3 1949
BUREAU V. S.

0460

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.0

CERTIFICATE OF DEATH 93d Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural Smithsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Nora (Middle) Mae (Last) Draper

4. DATE OF DEATH (Month) Jan. (Day) 25 (Year) 1949

5. SEX female | 6. COLOR OR RACE white | 7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify) widow | 8. DATE OF BIRTH 4-26-85 | 9. AGE last birthday 63 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Thurmont, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME J. Hooker Lewis | 14. MOTHER'S MAIDEN NAME Laura V. Kelbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. no | 17. INFORMANT Stanley Draper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 21, 1949, to Jan. 25, 1949, that I last saw the deceased alive on Jan. 25, 1949, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. A. Deare M.D. Frederick Md. 1/25/49.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial | DATE 1-28-49 | NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery | LOCATION (City, town, or county) Thurmont (State) Md

DATE REC'D BY LOCAL REG. 28 Jan 1949 | REGISTRAR'S SIGNATURE Elizabeth S. Keck. | 24. FUNERAL DIRECTOR Gladhill & Co. | ADDRESS Middletown, Md.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

761.5 / 160 c

0461

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick, Co. MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Ft. Detrick, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital Park Ave. Frederick Md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Jefferson-Rural
STREET ADDRESS (If rural give location) Lander

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Drewry

4. DATE OF DEATH (Month) January (Day) 31 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 1/31/49

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 21 Min. 33

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Frederick, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Raymond R. Drewry

14. MOTHER'S MAIDEN NAME Carrie Aileen Niniger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Raymond R. Drewey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity - 21 wks.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Placenta praevia - endometritis

(c) ? Mother —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31, 1949 to 1/31, 1949, that I last saw the deceased alive on 1/31, 1949, and that death occurred at 10:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Byron D. Whitley M.D. ADDRESS Frederick, Md. DATE SIGNED 2/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 2-2-49

NAME OF CEMETERY OR CREMATORY White Church Cemetery

LOCATION (City, town, or county) (State) Fincasto, Virginia

DATE REC'D BY LOCAL REG. 1-Feb-1949

REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 1 1949
BUREAU F. S.

01028

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Libertytown
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Libertytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Benjamine Franklin Duvall

4. DATE OF DEATH (Month) (Day) (Year) Jan. 18 1949

5. SEX M.
6. COLOR OR RACE W.
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed
8. DATE OF BIRTH Sept. 19, 1864
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of workiog life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (State or foreign country) Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamine Franklin Duvall
14. MOTHER'S MAIDEN NAME Sidney Jane Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Duvall Sweadner Libertytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: About 2 weeks

492 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Virus Pneumonia — 5 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6, 1949, to Jan. 18, 1949, that I last saw the deceased alive on Jan. 18, 1949 and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE Otis B. Stone (Degree or title) M.D. ADDRESS Libertytown, Md DATE SIGNED Jan. 19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 21, 1949
NAME OF CEMETERY OR CREMATORY New Market Methodist
LOCATION (City, town, or county) New Market (State) Md.

DATE REC'D BY LOCAL REG. Jan 1949
REGISTRAR'S SIGNATURE Ora D. Aufman
24. FUNERAL DIRECTOR Powell & Hartzler ADDRESS Woodsboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1949
BUREAU V. A.

0462

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson — LENGTH OF STAY (in this place)	~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) CLARA	(Middle) M.	(Last) EASTERDAY	4. DATE OF DEATH	(Month) 1	(Day) 30	(Year) 1949
5. SEX F	6. COLOR OR RACE W	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) S	8. DATE OF BIRTH 9-17-67	9. AGE last birthday 81 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Jefferson, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Gamaliel Easterday	14. MOTHER'S MAIDEN NAME Margaret Lavania Summers						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT John G. Shaff					

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Occlusion	10 mi
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	3 yrs
	(c) Hypertension	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Myocarditis	5 yrs

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1948, to Jan 30, 1949, that I last saw the deceased alive on Jan 29, 1949, and that death occurred at 1:30A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. Talbott Brice	M. D.	Jefferson, Maryland	1-30-49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial	DATE 2-2-49	NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 31 Jan 1949	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

0463

FILM No. G 119 MAR -7 1949

2411 N. Charles Street, Baltimore

260
61

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural R.F.D.#1
STREET ADDRESS (If rural give location) Mount Pleasant

3. NAME OF DECEASED (Type or Print): (First) HARRIETT (Middle) OLIVA (Last) FISHER

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1949

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH: 5-14-92

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jerry Mahamitt

14. MOTHER'S MAIDEN NAME: Carrie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Charles L. Fisher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage, left	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetic coma	7 days
	(c) Diabetes mellitus	indeterminate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Dec., 1948, to 13 Jan., 1949, that I last saw the deceased alive on 13 Jan., 1949, and that death occurred at 11:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James E. Stoner, Jr. M.D. Walkersville, Md. 1-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 1-16-49
NAME OF CEMETERY OR CREMATORY: Wayman Methodist Cem.
LOCATION (City, town, or county) (State): Mt. Pleasant, Md.

DATE REC'D BY LOCAL REG. 15 Jan 1949
REGISTRAR'S SIGNATURE Elizabeth L. Heck

24. FUNERAL DIRECTOR ADDRESS
M. R. Etchison & Son, Frederick, Md.

RECEIVED
JAN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0464

442

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lime Kiln
LENGTH OF STAY (In this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lime Kiln
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ROY (Last) FISHER

4. DATE OF DEATH: (Month) 1 (Day) 23 (Year) 1949

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 11-8-86

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Barnesville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Bertha Fisher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Cardio Renal Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23, 1949, to 1-23, 1949, that I last saw the deceased alive on 1-23, 1949, and that death occurred at 10:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

U. J. Bowie Jr. M. D. Frederick, Maryland 1-24-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 1-26-49
NAME OF CEMETERY OR CREMATORY: Bealls Chapel Cemetery
LOCATION (City, town, or county) (State): Barnesville, Md.

DATE REC'D BY LOCAL REG.: 24 Jan 1949
REGISTRAR'S SIGNATURE: Elizabeth L. Heck

24. FUNERAL DIRECTOR: M. R. Etchison & Son
ADDRESS: Frederick, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

0465

2411 N. Charles Street, Baltimore 592

CERTIFICATE OF DEATH 61

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market
LENGTH OF STAY (In this place) 94 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) RAYMOND (First) L. (Middle) FRIZZELL (Last)

4. DATE OF DEATH Jan. (Month) 10 (Day) 1949 (Year)

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 8, 1880

9. AGE last birthday 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman

10b. KIND OF BUSINESS OR INDUSTRY B & O R.R.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME B. O. Frizzell

14. MOTHER'S MAIDEN NAME Cora Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Carrie B. Frizzell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	12 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis	2 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetic melitis	10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1948, to Jan 10, 1949, that I last saw the deceased alive on Jan 8, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE Ernest P. Roop (Degree or title) M.D. ADDRESS New Market, Md. DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial

DATE Jan. 12/49

NAME OF CEMETERY ~~OR CREMATORY~~ Central

LOCATION (City, town, or county) New London (State) Md.

DATE REC'D BY LOCAL REG. Jan. 12-49

REGISTRAR'S SIGNATURE L. N. Falconer

24. FUNERAL DIRECTOR C.M Waltz, ADDRESS Winfield, Md.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0466

5811
124a

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge R.D. LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge, Rural
STREET ADDRESS (If rural, give location) Oldfields

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) HARRISON (Last) GARDNER

4. DATE OF DEATH (Month) Jan. (Day) 14 (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov. 11-1884

9. AGE last birthday 64 yrs. If under 1 year: Months 2, Days 3; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Joseph Gardner

14. MOTHER'S MAIDEN NAME Sarah Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 220-10-5578

17. INFORMANT Charlotte J. Gardner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hepatic cirrhosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis (alcoholic)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1948, to Jan. 13, 1949, that I last saw the deceased alive on Jan 13, 1949, and that death occurred at 2 A.m., from the causes and on the date stated above.

SIGNATURE T. A. Legg M.D. (Degree or title) ADDRESS Union Bridge DATE SIGNED Jan. 14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Jan. 16-49 NAME OF CEMETERY OR CREMATORY Oldfields Cem. LOCATION (City, town, or county) Frederick County, (State) Md.

DATE REC'D BY LOCAL REG. Jan 18 REGISTRAR'S SIGNATURE Ora S. Crofton

24. FUNERAL DIRECTOR Powell & Hartzler ADDRESS Woodsboro & Libertytown, Md

RECEIVED
JAN 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0467

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; MARYLAND; LENGTH OF STAY (in this place) 30 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; STREET ADDRESS (If rural give location) 129 W. Sixth Street

3. NAME OF DECEASED (Type or Print): (First) MAMIE (Middle) BELL (Last) GEESEY

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-9-80

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Lewistown, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Coleman Bowers

14. MOTHER'S MAIDEN NAME: Mary Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: William C. Geesey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock — Interval between onset and death: 9 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Fracture of left Femur — 9 days

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home; (CITY OR TOWN) Frederick; (COUNTY) Frederick; (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 3 1949 8a.m.; INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell down Step

22. I hereby certify that I attended the deceased from Jan. 3, 1949, to Jan. 12, 1949, that I last saw the deceased alive on Jan. 12, 1949, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 1-13-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 1-15-49; NAME OF CEMETERY OR ~~CREMATORY~~ Methodist Cemetery; LOCATION (City, town, or county) (State) Lewistown, Maryland

DATE REC'D BY LOCAL REG. 14 Jan. 1949; REGISTRAR'S SIGNATURE Elizabeth S. Hack.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 17 1949
BUREAU V. S.

761.5 & death 1600 0468

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILL~~BIRTH

Reg. Dist. No. 131

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

M

C

1. PLACE OF BIRTH:

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution: Frederick Memorial Hospital

Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 334 East Church St.
(If RURAL give LOCATION)

3. Name of child Baby Boy Gosnell

4. Date of birth January 27 1949 Hour 3 56 P M.

5. Sex Boy | 6. Twin or triplet

7. No. of weeks pregnancy 24

FATHER OF CHILD

8. Full name Roy Roscoe Gosnell

9. Color W 10. Age at time of this birth 27 yrs.

11. Usual occupation Mechanic

MOTHER OF CHILD

12. Full maiden name Rebecca Josephine Jackson

13. Color W 14. Age at time of this birth 19 yrs.

15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? no During labor? no

18. Pregnancy, complications of none

19. Labor: (a) Complications of none

(b) Induced? no

20. (a) Was there an operation for delivery? no (Yes or No)

(b) State all operations, if any —

(c) Did child die before operation? no

During operation? —

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes

(b) Maternal causes Premature Seperation of placenta

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature B O Thomas Sr MD
(Specify if M. D., midwife, or other)

Address Frederick, Md

23. (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 1/28/49 (month, day, year)

(c) Cemetery or ~~crematory~~ Libson Cemetery, Libson, Md.

24. (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Md.

25. (a) 28 Jan 1949 (Date rec'd by registrar) (b) Elizabeth G. Hack (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

Child lived 49 minutes

I

T

V. S. A10

RECEIVED
JAN 29 1949
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4201
94a

0469

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick Md

City or town Rural Frederick, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Montevue Co. Home

How long in hospital or institution? 1 yr 8 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Frederick

City or town Rural Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. Lewistown
(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Bradley Jane Gray

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Ingruce Rattenhofer

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1877

8. AGE: Years 71 | Months 5 | Days 10 | If less than one day ..... hrs. ..... min.

9. Birthplace Mountaindale Fred Co Md
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Day Labor

FATHER 12. Name Daniel Gray

13. Birthplace Md.

MOTHER 14. Maiden name Elizabeth King

15. Birthplace Germ

16. Informant Roger J. Gray

Address Thurmont, Md

17. Burial Date thereof Jan 25, 1949
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Methodist

Location Lewistown, Md

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. 23 Jan 1949 Elizabeth G. Fleck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22-1949 19.. at 8½ AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1947 to Jan 22 1949

and that I last saw h. alive on Jan 21 1949

Immediate cause of death	DURATION
Coronary thrombosis	5 minutes
Due to Coronary arteriosclerosis	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

23. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Humes M.D.
M. D. or other

Address Frederick, Md Date signed 1/22/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 25 1949
BUREAU V. S.

0470

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

260
61

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monrovia, Md. Rt 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ritchie	E.	Haney	January	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	12/10/1885	63 yrs.	1	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Owner-Store	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mr. John Haney	Mrs. Evelyn Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unknown	—	Mrs Hallie Haney Monrovia Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Gangrene of right foot	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December., 19 48., to January., 1949., that I last saw the deceased alive on Jan. 16, 1949., and that death occurred at 2.40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. Austin Pearre, M.D. — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 18-1949	Damascus	Montgomery Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
17 Jan 1949	Elizabeth S. Heck	Roy W Barber	Laytonsville Md

RECEIVED
JAN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0471

CERTIFICATE OF DEATH

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS II2 West B

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; STREET ADDRESS (If rural give location) II2 West B

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) LEONARD (Last) HARPER

4. DATE OF DEATH: (Month) January (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 8 1878

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Conductor

10b. KIND OF BUSINESS OR INDUSTRY: B.&.O.R.R.Co.

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Lloyd Harper

14. MOTHER'S MAIDEN NAME: Emma Virginia Forney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 705-09-7707

17. INFORMANT: Mrs. Lottie M. Harper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma — Interval between onset and death: ??

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/49, 1948, to 1/9, 1949, that I last saw the deceased alive on 1/9, 1949, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W.M. Carpenter - M.D. - Leesville - Va. 1/11/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE: 1-12-49 | NAME OF CEMETERY OR CREMATORY: Park Heights | LOCATION (City, town, or county) (State): Brunswick Maryland

DATE REC'D BY LOCAL REG.: Jan 11-49 | REGISTRAR'S SIGNATURE: Kathryn H. Brown

24. FUNERAL DIRECTOR: C.H.Feete & Bro. ADDRESS: Brunswick, Maryland

VS. A15

RECEIVED
JAN 14 1949
BUREAU V. S.

0472

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

332/94a

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, institution, or street address where death occurred: 1005 E. Patrick S.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1005 E. Patrick St.
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3. (a) FULL NAME: Mrs. Bettie R. Hightman

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) ~~Single, married, widowed, or divorced~~
female	white	widow

6.(b) Name of husband or ~~wife~~: D. Edward Hightman 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 13, 1864

8. AGE:

Years	Months	Days	If less than one day
84	1	13	..... hrs. ..... min.

9. Birthplace: Middletown, Fredk. Co., Md.
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: Samuel Crane
13. Birthplace: Middletown, Md.

MOTHER
14. Maiden name: Cleantha Grove
15. Birthplace: Middletown, Md.

16. Informant: Mrs. Russel Guyton
Address: Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 1-30-49 (month) (day) (year)

Cemetery or ~~crematory~~: Lutheran Cemetery

Location: Middletown, Md.

18. Funeral director: Gladhill Co.
Address: Middletown, Md.

19. 29-Jan 1949 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 27 1949, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 1948, to Jan. 27 1949 and that I last saw her alive on Jan. 26 1949

Immediate cause of death	DURATION
Cerebral Thrombosis	10 days
Due to: Arteriosclerosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Frederick Md. Date signed: 1/28/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

151 46b 0473

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Thurmont
LENGTH OF STAY (in this place) 3-days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Fredk.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Thurmont
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) May (Last) Holland

4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 14-1881

9. AGE last birthday: 67 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frederick Co. Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John N. Willhide

14. MOTHER'S MAIDEN NAME: Catherine M. Pryor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mrs Edward Myers.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8, 1949, to Jan. 22, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at 3:05 A m., from the causes and on the date stated above.

SIGNATURE M. Franklin Bixler (Degree or title) MD ADDRESS Thurmont DATE SIGNED Jan. 24, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 24-49 | NAME OF CEMETERY OR CREMATORY: U.B. Cemetery | LOCATION (City, town, or county) (State): Thurmont Md

DATE REC'D BY LOCAL REG. Jan. 24, 1949 | REGISTRAR'S SIGNATURE: Blanche S. Eyler | 24. FUNERAL DIRECTOR: M. L. Creager | ADDRESS: Thurmont

VS. A15

RECEIVED
JAN 26 1949
BUREAU V. S.

0474

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932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 128-A West Third Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 128-A West Third Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) D. (Last) HOWARD

4. DATE OF DEATH: (Month) January (Day) 25th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 27, 1883

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Dugan

14. MOTHER'S MAIDEN NAME: Martha Ellen Morrissey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Sims Shuck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Left Ventricular Failure — ½ hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from January 19.49, to January 19.49, that I last saw the deceased alive on Jan. 24, 19.49, and that death occurred at 10:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Luther F. Woodward M.D. Frederick, Md. 1/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Jan. 27, 1949
NAME OF CEMETERY OR CREMATORY: St. Patrick's Cemetery
LOCATION (City, town, or county) (State): Cumberland Maryland

DATE REC'D BY LOCAL REG. 25 Jan 1949
REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son, Frederick, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

491/107 0475

Reg. Dist. No. 137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Libertytown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Libertytown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Ronald Vincent Hoy

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 7, 1948

8. AGE: Years	Months	Days	If less than one day
	2	26	..... hrs. ..... min.

9. Birthplace: Frederick, Frederick, Maryland
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: Elsworth P. Hoy
13. Birthplace: Carroll County, Maryland

MOTHER
14. Maiden name: Jesse M. Hill
15. Birthplace: Frederick County, Maryland

16. Informant: Elsworth P. Hoy
Address: Libertytown, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/5/49 (month) (day) (year)
Cemetery or crematory: Silver Hill Cemetery
Location: Mt. Pleasant, Md.

18. Funeral director: M. R. Elphinstone & Son
Address: Frederick, Md.

19. 1/3 1948 Ora D. Cashman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 3rd 1949, at 12-05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 3rd 1949 to Jan. 3rd 1949 and that I last saw him alive on Jan. 3 - 1948

Immediate cause of death	DURATION
Bronchopneumonia	48 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Ora N. Beall M.D.
M. D. or other
Address: Libertytown Md. Date signed 1/3/49

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JAN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0476

776
159

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Frederick~~; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital; MARYLAND; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg.; ~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg - Rural; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LINDA	LOU	Johnson	Jan	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		12/24/48	yrs.		14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Frederick Co. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Johnson Ernest P.	Doris Burgee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
			Ernest P. Johnson Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature 6½ mo gestation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Dec 24 1948 to Jan 7 1949 that I last saw the deceased alive on Jan 6, 1949, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. J. Rucker M.D. ADDRESS Frederick Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 8-1949	Methodist Cem	Hyattstown	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8 Jan 1949	Elizabeth S. Heck	William B. Hilton	Barnesville, Md

RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

334 Race 83a

0477

Reg. Diet. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
I. O. O. F. Home
How long in hospital or institution? Since December 11, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1758 Homestead Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME ELEANOR KERSHAW

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) ~~Single, married~~, widowed, or divorced
F	W	W

6.(b) Name of husband ~~or wife~~ Benjamin P. Kershaw
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) July 2, 1864

8. AGE: Years	Months	Days	If less than one day
84	3	9	... hrs. ... min.

9. Birthplace New Brunswick, New Jersey (Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Arron Buzzee
13. Birthplace New Brunswick, New Jersey

MOTHER
14. Maiden name Rachel R. (last name unknown)
15. Birthplace New Brunswick, New Jersey

16. Informant I. O. O. F. Home Records
Address Frederick, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/3/49 (month) (day) (year)
Cemetery or ~~crematory~~ Moreland Memorial Park
Location Baltimore, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 1 Jan 1949 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1, 1949 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 20 1948 to Jan. 1 1949 and that I last saw h~~er~~ alive on Jan. 1 1949

Immediate cause of death	DURATION
Apoplexy	6 days
Due to Arterio sclerosis	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...
Autopsy results ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE Wm M. Smith M. D.
M. D. or other
Address Frederick, Maryland Date signed 1-1-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0478

002
13-b

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since December 24, 1947

Hospital, institution, or street address where death occurred:
State Sanatorium, Maryland

How long in hospital or institution? Since December 24, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Allegheny

City or town: Cumberland
(If outside city or town limits, write RURAL and give nearest town)

Street No. 16 Front Street
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: William M. King

3.(b) Social Security Number: 215-20-5673

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Katherine King

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November 19, 1867

8. AGE: Years	Months	Days	If less than one day
81	1	22	..... hrs. ..... min.

9. Birthplace: Hancock, Maryland
(Town, county, and state)

10. Usual occupation: Railroad Worker

11. Industry or business

FATHER
12. Name: John W. King
13. Birthplace: Hampshire Co., West Virginia

MOTHER
14. Maiden name: Matilda Roland
15. Birthplace: Berkley Springs, West Virginia

16. Informant: Patient

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 19 1949 (month) (day) (year)

Cemetery or crematory: Camp Hill Cemetery

Location: Paw Paw, W. Va.

18. Funeral director: William H. Light

Address: Cumberland, Md.

19. ..... 19..... (Date rec'd by registrar) J. R. Lyon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 10, 1949 at 3:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 24, 1947 to January 10, 1949 and that I last saw him alive on January 10, 1949

Immediate cause of death	DURATION
Pulmonary Tuberculosis	18 Mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: R. W. Ballin M. D. or other

Address: State Sanatorium Date signed 1-11-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

RECEIVED
JAN 13 1949
BUREAU V. S.

0479

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 340 North Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 340 North Market Street

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) VIRGINIA (Last) KUSSMAUL
4. DATE OF DEATH: (Month) January (Day) 22nd (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 25, 1869
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Baumgardner
14. MOTHER'S MAIDEN NAME: Lucretia King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Thomas H. Baumgardner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Degenerative Heart Disease — 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Fibrosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from November 1948, to January 1949, that I last saw the deceased alive on Jan. 21, 1949, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Guthrie F. Woodward M.D. Frederick, Md. 1/22/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE: Jan. 24, 1949
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG. 24 Jan 1949
REGISTRAR'S SIGNATURE: Elizabeth G. Heck.
24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son, Frederick, Maryland

VS-A15

RECEIVED
JAN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331
83a

0480

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkettsville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charlotte	Louise	Lucas	Jan.	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	Col.	Married	Sept. 4 1882	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	home	Maryland	—

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Rose	Malinda Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	—	—	Mrs Naomi Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Haemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	One week
	(c) Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 8, 1949, to Jan 15, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 2:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. Austin Pearre, M.D	Frederick Md.	1/17/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-19-1949	M.E. Colored	Burkettsville Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
17 Jan 1949	Elizabeth L. Feete	C. N. Feete and Bro	Brunswick Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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122a

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CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lantz — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lantz
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BESSIE	ELLEN	MANAHAN.	Jan.	31	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	M	3-15-1883	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Lantz, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lewis C. Williard	Catherine - unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no			Mrs. Abby Manahan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis Chr.	4 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cholecystitis	5 Mos
	(c) Gall Stones	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Umbilical Hernia (operation)	6 Mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug 1 1948	Strangulated umbilical hernia Emergency Operation	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from Sept 15, 1948, to Dec 31, 1948, that I last saw the deceased alive on Dec 15, 1948 and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE James A. Gray (Degree or title) ADDRESS Thurmont, Md DATE SIGNED 2/2/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 3, 1949	Mt Moriah	Fosville,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/3/49	J. D. Eyler	M. L. Creager & Son	Thurmont, Md.

VS. A15

RECEIVED
FEB 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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903.0

CERTIFICATE OF DEATH 1860

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 63 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Visitation Convent

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) East 2nd St.

3. NAME OF DECEASED (Type or Print): (First) AGNES (Middle) — (Last) Mc DERMOTT

4. DATE OF DEATH: (Month) JAN. (Day) 18 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: Sept. 9 1864

9. AGE last birthday: 84 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RELIGIOUS (NUN)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): NORRISTOWN, PA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN Mc DERMOTT

14. MOTHER'S MAIDEN NAME: MARY CLAYTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: RECORDS OF VISITATION CONVENT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute dilatation of heart. — 48 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Fractured hip — 6 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

(CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home

Fall over a rug

TIME OF INJURY (Month) Dec. (Day) 14 (Year) 48 (Hour) 2 P m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1948, to Jan. 18, 1949, that I last saw the deceased alive on Jan. 17, 1949, and that death occurred at 2:25 A.m., from the causes and on the date stated above.

SIGNATURE Wm M. Smith M.D. (Degree or title) — **ADDRESS** Frederick Md — **DATE SIGNED** Jan. 18-49.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — **DATE** JAN. 19, 1949 — **NAME OF CEMETERY OR CREMATORY** VISITATION — **LOCATION** (City, town, or county) (State) FREDERICK, MD

DATE REC'D BY LOCAL REG. 18 Jan 1949 — **REGISTRAR'S SIGNATURE** Elizabeth J. Hack.

24. FUNERAL DIRECTOR HARRY E. EARTY CO. — **ADDRESS** FREDERICK, MD

RECEIVED
JAN 19 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1 932

0483

Reg. Dist. No. 134

1. PLACE OF DEATH:
County: Frederick
City or town: Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 years
Hospital, institution, or street address where death occurred: St. Joseph's Central House
How long in hospital or institution? 24 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.: St. Joseph's Central House
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Hannah McNamara (Sister Margaret Mary)

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Religious

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 22, 1872

8. AGE: Years	Months	Days	If less than one day
76	5	19	hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: Domestic duties
11. Industry or business:

FATHER
12. Name: Simon McNamara
13. Birthplace: Ireland

MOTHER
14. Maiden name: Julia A. McNulty
15. Birthplace: Baltimore, Md.

16. Informant: Sister Procuratrix
Address: St. Joseph's Central House

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 12 1949 (month) (day) (year)
Cemetery or crematory: Private Cemetery
Location: St. Joseph's Central House Emmitsburg, Md.

18. Funeral director: S. L. Gillum
Address: Emmitsburg Md

19. Jan 11 1949 (Date rec'd by registrar) M. F. Stuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 10 1949 at 8:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 28 1948, to Jan 10 1949
and that I last saw h... alive on Jan 10 1949

Immediate cause of death	DURATION
acute coronary occlusion	6 Days
Due to: Hypertensive cardio vascular disease	several years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. R. Castle M D M. D. or other
Address: Emmitsburg Md Date signed 1-10-49

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VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 13 1949
BUREAU V. S.

RECEIVED
JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 0484

422.2 / 13b

Reg. Dist. No. 139

1. PLACE OF DEATH· COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) Since 9/6/45 to present	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium	STREET ADDRESS (If rural give location) 746 West Fayette

3. NAME OF DECEASED (Type or Print) (First) Anthony (Middle) (Last) Miezinskas			4. DATE OF DEATH (Month) January (Day) 22, (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec. 1889	9. AGE last birthday 59 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lithuania	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Casimir Miezinskas			14. MOTHER'S MAIDEN NAME Annie Anilionis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None		17. INFORMANT Patient and friend, Edwin Giedraitis		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	3 years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary Tuberculosis	6½ years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, 1945 to Jan. 22, 1949, that I last saw the deceased alive on Jan. 22, 1949, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. W. Ballin	R.W. Ballin, M.D.	State Sanatorium, Maryland	Jan. 22, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 26 1949	Holy Redeemer	Belair Road Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	[signature]	John J. Cowan & Son,	901 Hollins St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 422.2 932

0485

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (in this place) 54 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 32 East Third Street	STREET ADDRESS (If rural give location) 32 East Third Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CORA	BELL	MILLER	Jan.	6th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	M	9-19-69	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	At Home	Doubs, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lewis Specht	Elizabeth Michael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Edward W. Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis	15 years.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute dilatation of heart	3 days.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec. 15, 1948, to Jan. 6, 1949, that I last saw the deceased alive on Jan 6, 1949, and that death occurred at 10:20P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm M. Smith		R D Frederick Md	1-8-49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-9-49	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8 Jan 1949	Elizabeth S. Steck.	M. R. Etchison & Son	Frederick, Md.

VS. A15

RECEIVED
JAN 11 1949
BUREAU V. S.

0486

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

443
932

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick

City or town Rural Emmitsburg, R.D. #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 75 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Emmitsburg, R.D.#1
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Robert Albert Anthony Mitchell

3.(b) Social Security Number 160-16-7332

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	widowed

6.(b) Name of husband or wife Annie Craig Mitchell

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) January 2, 1874

8. AGE:

Years	Months	Days	If less than one day
75	00	4	..... hrs. ..... min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Mt. St. Mary's College

FATHER
12. Name John Mitchell
13. Birthplace Frederick County, Maryland

MOTHER
14. Maiden name Susan Richardson
15. Birthplace Frederick County, Maryland

16. Informant Ruth Mitchell

Address 2079-8th Ave. New York City 26, N.Y.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 10, 1949 (month) (day) (year)

Cemetery or crematory St. Anthonys Shrine Cemetery

Location Emmitsburg, R.D. # 1

18. Funeral director H. L. Allison

Address Emmitsburg, Maryland

19. Jan 9 1949 M. F. Sheriff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6th 1949 at 6.30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15th 1948 to Jan 6th 1949 and that I last saw h. /M alive on Jan 6th 1949

Immediate cause of death Cardiac failure — DURATION 1 week

Due to Arteriosclerotic Hypertensive Cardio-Vascular disease — years

Due to Arteriosclerosis — years

Other conditions Right hemiplegia - old, Pressure ulcers - both hips & buttocks — 6 months, 2 months
(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H. Allison M. D. ~~or other~~

Address Emmitsburg, Md. Date signed Jan 8, '49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 12 1949
BUREAU V. S.

0487

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

776/159

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 514 Trail Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME CHRISTINE IONE MOORE

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	S

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 2, 1949

8. AGE: Years | Months | Days 1 | If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER

12. Name Nevin Cline

13. Birthplace Frederick, Maryland

MOTHER

14. Maiden name Delores Moore

15. Birthplace Frederick, Maryland

16. Informant Miss Delores Moore

Address 514 Trail Ave., Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/4/49 (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 4 Jan 1949 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1949 at 10 34 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 1949, to Jan 3 1949 and that I last saw her alive on Jan 2 1949

Immediate cause of death Prematurity

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. R. Schoolman M.D. M. D. or other

Address 5 W 2nd St Frederick Date signed 1/4/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

916.0 180

0488

CERTIFICATE OF DEATH

Reg. Dist. No. 147

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
LENGTH OF STAY (in this place) 10 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederik
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Garrison (Middle) M. (Last) Norwood

4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 8, 1896

9. AGE last birthday: 52 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Antique dealer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Willie Norwood

14. MOTHER'S MAIDEN NAME: Eunice Brandenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Malchom Moxley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation - second degree burns of entire body.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Trailer in which deceased lived caught on fire

INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ac accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Trailer

(CITY OR TOWN) Mt. Airy (COUNTY) Frederick (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 16 '49, 1 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Trailer caught fire on gas explosion

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Jan 16, 19 49, and that death occurred at 1/4 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) O. W. Bair Deputy Med Ex. ADDRESS Frederick Md DATE SIGNED 1.16.49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Jan. 17/49

NAME OF CEMETERY OR CREMATORY: Pine Grove

LOCATION (City, town, or county) (State): Mt. Airy, Carroll, Md.

DATE REC'D BY LOCAL REG. Jan. 17, 1949

REGISTRAR'S SIGNATURE Clarice A. Rinker

24. FUNERAL DIRECTOR: C. M. Waltz ADDRESS: Winfield, Md.

VS. A15

RECEIVED
JAN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1 / 94a

0489

Reg. Diat. No. 13

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 63 years
Hospital, Institution, or street address where death occurred:
40 East Patrick St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 40 East Patrick
(If rural, give LOCATION)
2.(a) If veteran, name war none

3.(a) FULL NAME John William Obenderfer

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6.(b) Name of ~~husband~~ or wife Mary Blanch Rowe
6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) April 17, 1885

8. AGE:

Years	Months	Days	If less than one day
63	8	16	...hrs. ...min.

9. Birthplace Frederick, Frederick, Md
(Town, county, and state)
10. Usual occupation Merchant
11. Industry or business Furniture

FATHER
12. Name Frederick Wm Obenderfer
13. Birthplace Unknown

MOTHER
14. Maiden name Susan Gelzandanner
15. Birthplace Frederick, Md

16. Informant Mrs. Mary B. Obenderfer
Address Frederick, Md

17. Burial Date thereof 1/6/49
(Burial, ~~cremation, or removal~~. Which?) (month) (day) (year)
Cemetery or ~~crematory~~ Mt Olivet
Location Frederick, Md

18. Funeral director Harry E. Cartzo
Address Frederick, Md.

19. 4 Jan 1949 Elizabeth G. Hoke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1949, at 3 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 3 1949 to Jan 3 1949 and that I last saw h... alive on Jan 3 1949

Immediate cause of death	DURATION
Coronary Thrombosis	15 Mins
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation ... Date of op. ...
Autopsy results ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other
Address Frederick, Md Date signed 1/4/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1

0490

CERTIFICATE OF DEATH 94a

Reg. Dist. No. 13

1. PLACE OF DEATH · COUNTY Frederick · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick · LENGTH OF STAY (In this place) About 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 East Fifth Street	STREET ADDRESS (If rural, give location) 209 East Fifth Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	HENRY	ODEN	January 27th 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	White	Married	March 24, 1861	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. Grace Phelps Oden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac — Several years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis — " "

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ~~19~~ 1945 ~~19~~, to 1949 ~~19~~, that I last saw the deceased alive on January 26, 1949, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. M. J. Bourne Sr		Frederick Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 29, 1949	Mount Olivet Cemetery	Frederick	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
29 Jan 1949	Elizabeth G. Heck	C. E. Cline & Son	Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1949
BUREAU T. S.

0491

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

057.1

CERTIFICATE OF DEATH

6

Reg. Dist. No. 131

1. PLACE OF DEATH· COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place)	~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural R.F.D.#5
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET ADDRESS (If rural give location) Near Frederick

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) EDWARD	(Last) PLUNKARD	4. DATE OF DEATH	(Month) 1	(Day) 25	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH 2-5-48	9. AGE last birthday yrs.	If under 1 year Months 11	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John L. Plunkard			14. MOTHER'S MAIDEN NAME Frances Everhart				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT John L. Plunkard				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Meningicaccus Septicemia — 12 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from on 25 Jan, 1949, to ——, ~~19~~, that I last saw the deceased alive on 25 Jan, 1949, and that death occurred at 9:37P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H. Conley Jr.	M. D.	Frederick, Maryland	1-27-49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial	DATE 1-28-49	NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 28 Jan 1949	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son	ADDRESS Frederick, Md.

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
JAN 29 1900
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0492

332
832

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Rural - Frederick
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montevue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Rural - Frederick
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) SMITH (Last) RICKERDS

4. DATE OF DEATH: (Month) January (Day) 30th (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: ? 1871

9. AGE last birthday: 77 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Storekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Smith

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. C. Bernard Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria - sclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Frederick (CITY OR TOWN) Frederick (COUNTY) Maryland (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1946, to Jan. 30, 1949, that I last saw the deceased alive on Jan. 29, 1949, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Bernard C. Kumpf - M.D. ADDRESS: Frederick, Md. DATE SIGNED: Feb. 1, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE: February 2, 1949
NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
LOCATION (City, town, or county): Frederick (State): Maryland

DATE REC'D BY LOCAL REG.: 1-Feb-1949
REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR: C. E. Cline & Son, Frederick, Maryland ADDRESS:

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FEB 4 1949
BUREAU V. S.

0493

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

802.8

CERTIFICATE OF DEATH

169

Reg. Dist. No. 141

1. PLACE OF DEATH· COUNTY FREDERICK MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE PENN. COUNTY CAMBRIA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRUNSWICK — LENGTH OF STAY (in this place) ?	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JOHNSTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS B+O.R.R. YARDS	STREET ADDRESS (If rural give location) 937 McKINLEY ST JOHNSTOWN

3. NAME OF DECEASED (Type or Print)	(First) IVAN	(Middle) VALE	(Last) Rogers	4. DATE OF DEATH	(Month) 1	(Day) 19	(Year) 1949
5. SEX MALE	6. COLOR OR RACE WHITE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH JAN 28 1908	9. AGE last birthday 40 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PENN.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME GEORGE A. ROGERS	14. MOTHER'S MAIDEN NAME MAUDE V. BAUMBAUGH						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 196-09-7680	17. INFORMANT GEORGE LLOYD ROGERS					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound comminuted fracture of both legs & rt arm. Numerous lacerations & cuts of body — Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) B+O. R.R. Yards	(CITY OR TOWN) Brunswick	(COUNTY) Frederick	(STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 19 '49 520 p.m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? Fell under freight train		

22. ~~I hereby certify that I~~ attended the deceased from....., 19....., to....., 19....., ~~that I last~~ saw the deceased ~~alive on~~ 1.19 ..., 19 49 and that death occurred at 520 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. W. Baum. Deputy Med. Ex.		Frederick E.	Md.

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	DATE 1-21-49	NAME OF CEMETERY OR CREMATORY GRANDVIEW	LOCATION (City, town, or county) JOHNSTOWN	(State) PENN.
DATE REC'D BY LOCAL REG. Jan 20-49	REGISTRAR'S SIGNATURE Kathryn H. Brown	24. FUNERAL DIRECTOR C. H. FEETE & BRO	ADDRESS BRUNSWICK, MD.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 24 1949
BUREAU V. S.

0494

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

491/107

Reg. Dist. No. 137

1. PLACE OF DEATH:
County: Frederick
City or town: Oak Orchard
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Oak Orchard
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural - New Windsor
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Carol Eloise Rumsport

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 22, 1947

8. AGE: Years	Months	Days	If less than one day
1	0	13	hrs. min.

9. Birthplace: Frederick Co. Md.
(Town, county, and state)
10. Usual occupation: None
11. Industry or business
FATHER 12. Name: ??
13. Birthplace
MOTHER 14. Maiden name: Shirley Rumsport
15. Birthplace: Md.
16. Informant: Shirley Rumsport
Address: New Windsor, Md.
17. Burial (Burial, ~~cremation~~, or removal. Which?) Date thereof: 1-7-49 (month) (day) (year)
Cemetery ~~or crematory~~: Sams Creek Methodist
Location: Sams Creek, Carroll Co. Md.
18. Funeral director: C. M. Waltz
Address: Winfield, Md.
19. 1-6 49 (Date rec'd by registrar) 19 ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 5 - 19 49, at 5:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24 19 48, to Jan. 5 19 49
and that I last saw her alive on Jan. 2 19 49

Immediate cause of death	DURATION
Bron. Pneumonia	30 hrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Jas. H. Beall, M.D.
M. D. or other
Address: Libertytown Date signed: 1/5/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0495

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13 b

Reg. Dist. No. 137

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since November 20, 1948

Hospital, institution, or street address where death occurred:
State Sanatorium

How long in hospital or institution? Since November 20, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Harry Schaub

3.(b) Social Security Number

214-14-1443

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Unknown

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 27, 1882

8. AGE: Years	Months	Days	If less than one day
66	4	16	..... hrs. ..... min.

9. Birthplace: Catonsville, Maryland
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER 12. Name: Henry Schaub

13. Birthplace: Catonsville, Maryland

MOTHER 14. Maiden name: Mary Burns

15. Birthplace: Ireland

16. Informant: Patient

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 15, 1949 (month) (day) (year)

Cemetery or crematory: New Cathedral,

Location: Baltimore, Md.

18. Funeral director: M. L. Creager & Son,

Address: Thurmont, Md.

19. ..... 19..... (Date rec'd by registrar) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 12, 1949 at 1:20 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 20, 1948 to January 12 1949 and that I last saw him alive on January 12, 1949

Immediate cause of death	DURATION
Pulmonary Tuberculosis	8 Mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: R. W. Ballin M. D. or Coroner

R. W. Ballin

Address: State Sanatorium, Md. Date signed .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (In this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET ADDRESS (If rural, give location) 318 Chapel Alley

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOSEPH	HENRY	SHANE		January	26th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	June 2, 1891	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Shane	Margaret Stine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	220-03-2460	Mrs. William B. Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) 2nd & 3rd degree burns of both legs.	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	Fred. Junk Co	Frederick	Frederick	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☒	Not While At work ☐	HOW DID INJURY OCCUR?
Jan	22	1949	11:30 A.m.			melting grease when his clothes caught fire.

22. I hereby certify that I attended the ~~deceased~~ dead from ....., 19....., to ....., 19....., that I last saw the deceased ~~alive~~ on Jan 27, 1949, and that death occurred at 3:35A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P.W Barr	Deputy Med Ex.	Frederick, Md.	1-27-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 30, 1949	St. Peter's Cemetery	Libertytown	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
29 Jan 1949	Elizabeth S. Tech	C. E. Cline & Son,	Frederick, Maryland

RECEIVED
FEB 1 1949
BUREAU T. S.

0497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8125
170 C

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 Block of W. Patrick St.	STREET ADDRESS (If rural give location) 20 College Avenue

3. NAME OF DECEASED (Type or Print)	(First) ROY	(Middle) LEWIS	(Last) SHIPLEY	4. DATE OF DEATH	(Month) 1	(Day) 18	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH ~~Unknown~~ April 1886	9. AGE last birthday 63 ? yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (State or foreign country) Frederick, Maryland			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frederick Shipley			14. MOTHER'S MAIDEN NAME Margaret L. Bare				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Robert L. Shipley				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing injury to Chest & abdomen. Fracture of both arms. Numerous cuts & lacerations — Immediate

~~Antecedent cause(s)~~

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 200 Block W. Patrick	(CITY OR TOWN) Frederick	(COUNTY) Frederick	(STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 18. '49 1 A m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Stepped in front of truck		

22. I hereby certify that I attended the deceased from ----------, 19----, to ----------, 19----, that I last saw the deceased alive on Jan. 18, 1949, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	DR. R. H. BARR DEPUTY MEDICAL EXAMINER	Frederick	1.19.49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial	DATE 1-20-49	NAME OF CEMETERY OR CREMATORY Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Md.
DATE REC'D BY LOCAL REG. 19 Jan 1949	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son,	ADDRESS Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Diat. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 weeks
Hospital, Institution, or street address where death occurred: Fred. Co. Emergency Hosp.
How long in hospital or institution? 6 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Frederick
~~City~~ or town: Creagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: George David Speak

3.(b) Social Security Number: 215-14-2199

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of ~~husband~~ or wife: Carrie M. Valentine
6.(c) If alive, give age: 62 years
7. Birth date of deceased (mo., day, yr.): August 21, 1878

8. AGE: Years	Months	Days	If less than one day
70	4	23	....hrs. ....min.

9. Birthplace: Creagerstown Frd Co. Md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm

FATHER
12. Name: Charles Speaks
13. Birthplace: Md.

MOTHER
14. Maiden name: Margaret Anders
15. Birthplace: Md.

16. Informant: Mrs David Speaks
Address: Thurmont, Md. R.D.#2

17. (Burial, ~~cremation, or removal~~. Which?) Burial
Date thereof: Jan. 16, 1949 (month) (day) (year)
Cemetery or ~~crematory~~: U. B. cemetery
Location: Thurmont, Md

18. Funeral director: M. L. Creager & Son
Address: Thurmont, Md.

19. 15 Jan 1949 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 14 1949, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 24 1948 to Jan. 14 1949 and that I last saw h.. alive on Jan. 13 1949

Immediate cause of death	DURATION
Cerebral Hemorrhage	6 weeks
Due to: Hypertension	10 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Bernard Humas Jr. M.D.
M. D. or other
Address: Frederick, Md. Date signed: 1/14/49

RECEIVED
JAN 18 1949
BUREAU V. S.

EVIDENCE FOR ADDITION IN # 18b IS ON:

FILM No. G 119 MAR -7 1949

0499

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 714 N. Market St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 2 East Eighth Street

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) RUFUS (Last) SUMMERS
4. DATE OF DEATH (Month) 1 (Day) 19 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 11-1-85
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - Frederick
10b. KIND OF BUSINESS OR INDUSTRY Iron & Steel Co.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank T. Summers
14. MOTHER'S MAIDEN NAME Mollie Ruth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 219-20-3333
17. INFORMANT Mrs. Elizabeth Summers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus, gave rise to above cause — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on dead 1.14, 1949 and that death occurred at 4 P.m., from the causes and on the date stated above.

SIGNATURE R. W. Bon (Degree or title) Dept. Med. Ex ADDRESS Frederick, Md. DATE SIGNED 1.19.49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 1-22-49
NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 20 Jan 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, ADDRESS Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 422.1 93d 0500

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Frederick	LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital	~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick - Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SILAS	A.	THOMAS	January	16th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	July 9, 1852	96 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shoe Maker		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Thomas	Katie Conrad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Robert H. Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio-Sclerotic Cardio Vascular Desease	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		?		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan-1, 1946, to Jan-16, 1949, that I last saw the deceased alive on Jan. 16, 1949, and that death occurred at 10:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bernard Thomas Jr.	MD	Frederick, Md	1/17/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 19, 1949	Mount Olivet Cemetery	Frederick	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
18 Jan 1949	Elizabeth S. Heck	C. E. Cline & Son	Frederick, Maryland

VS. A15

RECEIVED
JAN 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

002 / 13b

0501

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since January 7, 1949

Hospital, Institution, or street address where death occurred:
State Sanatorium, Maryland

How long in hospital or institution? Since January 7, 1949

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Rural, Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Lois Turner

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Wilmer A. Turner

6.(c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): November 27, 1919

8. AGE: Years	Months	Days	If less than one day
29	1	14	hrs. min.

9. Birthplace: Waynesboro, Pennsylvania
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Kekler
13. Birthplace: Gettysburg, Pennsylvania

MOTHER
14. Maiden name: Grace Crider
15. Birthplace: Waynesboro, Pennsylvania

16. Informant: Husband

Address: Rt. #3, Hagerstown, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 12, 1949 (month) (day) (year)

Cemetery or crematory: Boonsboro Cemetery

Location: Boonsboro, Md.

18. Funeral director: Wm. F. Bast & Sons.

Address: Boonsboro, Md.

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 9, 19 49 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 7, 19 49, to January 9, 19 49 and that I last saw her alive on January 9, 19 49

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7 Years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R. W. Ballin, M.D. or other

Address: State Sanatorium, Md. Date signed: 1-11-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 13 1949
BUREAU V. S.

0502

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.1
93d

Reg. Dist. No. 134

1. PLACE OF DEATH:

County: Frederick

City or town: Emmitsburg, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred: St. Joseph's Central House

How long in hospital or institution? 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME
Mary Ellen Twomey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Religious

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) September 11, 1867

8. AGE: Years	Months	Days	If less than one day
81	3	25	... hrs. ... min.

9. Birthplace: Boston, Mass.
(Town, county, and state)

10. Usual occupation: Domestic duties- with children

11. Industry or business

FATHER
12. Name: John Twomey
13. Birthplace: Ireland

MOTHER
14. Maiden name: Ellen Scriven
15. Birthplace: Ireland

16. Informant: Sister Assistant
Address: St. Joseph's, Emmitsburg, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan. 7, 1949 (month) (day) (year)

Cemetery or crematory: St. Joseph's private cemetery

Location: Emmitsburg, Md.

18. Funeral director: A. L. Allison

Address: Emmitsburg, Md.

19. Jan 6 1949 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 5 1949 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 to Jan 5 1949 and that I last saw her alive on Jan 4 1949

Immediate cause of death: myocardial failure — DURATION: 2 mo

Due to: arteriosclerotic cardio-vascular disease — several years

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: W. R. Cadle MD
M. D. or other

Address: Emmitsburg Md. Date signed 1-5-49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.1 932 0503

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Utica; LENGTH OF STAY (In this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Utica, Md.; STREET ADDRESS (If rural, give location) R. D. Frederick

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Naomi (Last) Utterback

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 16. 1894

9. AGE last birthday: 54 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Union Bridge

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William A. Fogle

14. MOTHER'S MAIDEN NAME: Carrie Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ernest Utterback

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion due to coronary thrombosis	Instantaneous
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac enlargement & myocardial hypertrophy 8 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June, 1948, to 13 Jan, 1949, that I last saw the deceased alive on 13 Jan, 1949, and that death occurred at 4P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James E. Stoner Jr. MD Walkersville, Maryland 15 Jan 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 17. 1949 | NAME OF CEMETERY OR CREMATORY: Utica | LOCATION (City, town, or county) (State): Utica Md

DATE REC'D BY LOCAL REG.: Jan. 17, 1949 | REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR ADDRESS: M. L. Creager & Son Thurmont, Md.

RECEIVED
JAN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4201 940 0504

CERTIFICATE OF DEATH

Reg. Dist. No. 131

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 14 W. Fourth Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural give location): 14 W. 4th Street

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) WESLEY (Last) WALKER

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	S	3-11-94	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Domestic	Frederick, Maryland	

13. FATHER'S NAME: Horace G. Walker

14. MOTHER'S MAIDEN NAME: Airre Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	William J. Walker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ---------- 19---- to ---------- 19---- that I last saw the deceased alive on 1 - 24, 1949, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): Deputy Medical Examiner — ADDRESS: Frederick, Maryland — DATE SIGNED: 1-24-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-27-49	Laboring Sons Cemetery	Frederick, Md.

DATE REC'D BY LOCAL REG. 25 Jan 1949 — REGISTRAR'S SIGNATURE: Elizabeth G. Hoch

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Md.

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JAN 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Crutchley Nursing Home

How long in hospital or institution? 3 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 315 West Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: ELLA C. WEBB

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Lucian Webb

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 25, 1870

8. AGE: Years	Months	Days	If less than one day
78	7	10	..... hrs. ..... min.

9. Birthplace: Frederick, Frederick County, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: John S. Quinn

13. Birthplace: Frederick County, Maryland

MOTHER — 14. Maiden name: Susan E. Miller

15. Birthplace: Frederick County, Maryland

16. Informant: Mr. Harry L. Downey

Address: Washington, D. C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: January 6, 1949 (month) (day) (year)

Cemetery or crematory: Mount Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: C. E. Cline & Son

Address: Frederick, Maryland

19. 4 Jan 1949 (Date rec'd by registrar) Elizabeth L. Heck- Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 4th 1949 at 5:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1948, to Dec. 31, 1948 and that I last saw h.. alive on December 31 1948

Immediate cause of death	DURATION
Degenerative Heart Disease	2 yrs.
Due to Myocardial Fibrosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Arthur F. Woodward M.D. M. D. or other

Address: Frederick, Md. Date signed 1/4/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 7 1949
BUREAU V. S.

EVIDENCE FOR CHANGE + ADDITION OF ITEMS # 9, 11, 14 ISON.

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FILM No. G 118 FEB 28 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

170 C

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: Frederick Co Md. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Minn. COUNTY: Mower
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Cactoct in Furnace — LENGTH OF STAY (in this place): Sorting there	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leroy,
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lloyd (Middle) H (Last) Wheeldon			4. DATE OF DEATH (Month) 1 (Day) 11 (Year) 1949		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH: 8 Jan 1919	9. AGE last birthday: ~~29~~ 30 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): soldier	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): McIntire, Iowa.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Wm. C. Wheeldon		14. MOTHER'S MAIDEN NAME: Unk., BEULAH M.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal Inquiry (Details unknown) — 30 min

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Turned over in jeep

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Route 15 U.S.	(CITY OR TOWN) Cactoctin Furnace (COUNTY) Frederick (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 11 (Year) 49 (Hour) 4P m.	INJURY OCCURRED While at Work ☒ Not While At work ☐	HOW DID INJURY OCCUR? was driving jeep when it turned over.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., ~~that I last saw the deceased alive on~~ dead 1 11, 1949, and that death occurred at 4.30 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R W Barr.	Deputy Med Ex.	Frederick, Md.	

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 1/15/49	NAME OF CEMETERY OR CREMATORY: Leroy Minn.	LOCATION (City, town, or county) (State): Mower County
DATE REC'D BY LOCAL REG.: 1-14-49	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: Lilly + Zeilen Inc.	ADDRESS: 403 S. Wolfe St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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0507

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

CERTIFICATE OF DEATH

932 Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont | LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H (Last) Whitmore

4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Sept. 13, 1875 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months 4, Days 4 | If under 24 hrs.: Hours 8, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10b. KIND OF BUSINESS OR INDUSTRY: Farming | 11. BIRTHPLACE (State or foreign country): Maryland. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George R. Whitmore

14. MOTHER'S MAIDEN NAME: Mary Newcomer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs William H. Whitmore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 24 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1948, to Jan. 16, 1949, that I last saw the deceased alive on Jan. 15, 1949, and that death occurred at 8:30 P. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
M. Franklin Birely MD | Thurmont, Md. | Jan. 18, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 19. 1949 | NAME OF CEMETERY OR CREMATORY: Staughs | LOCATION (City, town, or county) (State): Lodiesburg, Md.

DATE REC'D BY LOCAL REG. Jan. 19, 1949 | REGISTRAR'S SIGNATURE: Blanche S. Eyler | 24. FUNERAL DIRECTOR: M. L. Creager & Son | ADDRESS: Thurmont, Md

VS. A15

RECEIVED
JAN 20 1949
BUREAU V. S.

0508

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

260/13c

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution? Since January 1, 1949

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ Frederick-Rural R. F. D. #4
(If outside city or town limits, write RURAL and give nearest town)

Street No. Feagaville
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME PAUL BERNARD ZIMMERMAN

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed~~, or divorced
M	W	M

6.(b) Name of ~~husband or~~ wife Tempie Easterday

6.(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) October 15, 1897

8. AGE:

Years	Months	Days	If less than one day
51	2	17	hrs. min.

9. Birthplace Church Hill-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Harvey L. Zimmerman
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden name Ella C. Greenwald
15. Birthplace Frederick County Maryland

16. Informant Mrs. Tempie Zimmerman
Address R. F. D. #4, Frederick, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof 1/4/48 (month) (day) (year)

Cemetery or ~~crematory~~ St. Lukes Cemetery

Location Feagaville, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. H Jan 1949 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2, 1949, at 5:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 December 1948, to 2 January 1949 and that I last saw him alive on 1 January 1949

	DURATION
Immediate cause of death Cerebral hemorrhage	Hours
Due to Diabetic acidosis (cured)	24 hrs.
Due to Diabetes melitus	Years
Other conditions Active tuberculosis	Years
Arteriosclerotic heart disease	Years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James B. Thomas, M. D.
M. D. or other

Address Frederick, Maryland Date signed 1-3-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1949
BUREAU V. S.